



Washington State Department of Agriculture
Food Safety & Animal Health Division
Office of the State Veterinarian
PO Box 42577
Olympia WA 98504-2577
(360) 902-1878

CASHIER USE ONLY

APPLICATION FOR A RENDERING PLANT LICENSE

FEE: \$100.00

4003

APPLICANT INFORMATION	
NAME OF OPERATOR	TELEPHONE NUMBER ()
FIRM NAME	
MAILING ADDRESS	PHYSICAL ADDRESS OF PLANT
MAILING CITY, STATE, ZIP	PHYSICAL LOCATION CITY, STATE, ZIP
NAME OF MANAGER	TELEPHONE NUMBER ()
BUSINESS STRUCTURE INFORMATION	
TYPE OF BUSINESS STRUCTURE (CHECK ONE)	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP (attach copy of partnership agreement) <input type="checkbox"/> CORPORATION	
PARTNER #1/PRESIDENT NAME	PARTNER #1/PRESIDENT COMPLETE ADDRESS
PARTNER #2/VICE PRESIDENT NAME	PARTNER #2/VICE PRESIDENT COMPLETE ADDRESS
PARTNER #3/TREASURER NAME	PARTNER #3/TREASURER COMPLETE ADDRESS
PARTNER #4/SECRETARY NAME	PARTNER #4/SECRETARY COMPLETE ADDRESS
APPLICANT CERTIFICATION	
I have reviewed and understand RCW 16.68.110 - Duty of Licensees as to Premises and RCW 16.68.120 - Duty of Licensees—Standards (see back page). I understand that all licenses expire June 30 th of each year.	
SIGNATURE OF APPLICANT	DATE SIGNED

Make check or money order payable to: **WSDA**

Mail this application with remittance to: **Washington State Department of Agriculture
State Veterinarian
PO Box 42591
Olympia WA 98504-2591**